

OPEN RECORDS CERTIFICATION AND REQUEST

INSTRUCTIONS: Please complete this Certification Form and the Request Form for requests of public records maintained by the Kansas State Board of Pharmacy. Access to public records will be acted upon as soon as possible. The Board has until the third business day following the receipt of this signed form to respond to a request.

I hereby that the undersigned and/or any person(s) authorized by the undersigned have no intention to and will not use the requested information for any of the following:

- (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person who resides at any address listed;
- (B) Sell, give, or otherwise make available to any person any list of names or addressed contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any listed person or to any person who resides at any address listed.

The Board is authorized to require this certification pursuant to K.S.A 45-220. Violation of this provision is a criminal misdemeanor. K.S.A. 21-3914.

We would appreciate it if you gave us the reason for this request. Although, not required, this helps us gather information for the annual report.

DATED THIS _____ **DAY OF** _____, 20____

Signature: _____

Printed Name: _____

KANSAS STATE BOARD OF PHARMACY

OPEN RECORDS REQUEST FORM

Company/Organization: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-Mail: _____

REQUESTED INFORMATION: (CHECK ALL THAT APPLY)

Profession:	Fields:	Sort Order:
_____ Pharmacists List	_____ Name	_____ Alpha
_____ Pharmacies List	_____ Address	_____ Zip code
_____ Non-Resident Pharmacies List	_____ City	_____ City
_____ Distributor List	_____ State	_____ County
_____ Technician List	_____ License Number	Status:
	_____ Original License Date	_____ Active Only
	_____ License Expiration	_____ All Statuses

Check one	Item	# of Lists	Price per List	Total Due*
	Electronic Mail		\$45	
	Mailing Labels		\$55	
	Copies		\$55	

Special Requests: Please specify any other record requests that are being made. Search time and computer time may be charged dependent on particular search request. Charge will be staff time per hour.

***Submit both forms and a check for the total due to:**
Kansas State Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612